

TOWN OF WESTFIELD
425 East Broad Street*Westfield, NJ 07090
(908) 789-4033
THEATRE LICENSE APPLICATION

NAME _____

ADDRESS _____

TELEPHONE # () _____

Please note that the fee for a theater license is \$ 20.00/100 seats or any part thereof.

THEATER # _____ # OF SEATS _____ AMOUNT _____

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THEATER # _____ # OF SEATS _____ AMOUNT _____

THEATER # _____ # OF SEATS _____ AMOUNT _____

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THEATER # _____ # OF SEATS _____ AMOUNT _____

TOTAL AMT ENCLOSED \$ _____

DATE _____ SIGNATURE _____

OFFICE USE ONLY

CHECK NO. _____

APPROVED/DENIED _____

LICENSE NO. _____

DATE ISSUED _____